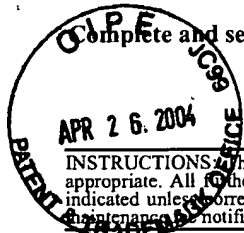


4 - 27 - 04

## PART B - FEE(S) TRANSMITTAL

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26271 7590 03/10/2004  
**FULBRIGHT & JAWORSKI, LLP**  
**1301 MCKINNEY**  
**SUITE 5100**  
**HOUSTON, TX 77010-3095**

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Express Mail **Express Mail No. 509324373US**  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Monica L. Thomas	(Depositor's name)
<i>Monica L. Thomas</i>	(Signature)
April 26, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/863,049	05/22/2001	Sue J. Kenwick	HO-P01961US1	8342

TITLE OF INVENTION: DIAGNOSIS AND TREATMENT OF MEDICAL CONDITIONS ASSOCIATED WITH DEFECTIVE NFKAPPA B(NF-KAPPAB) ACTIVATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WEHBE, ANNE MARIE SABRINA	1632	435-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Fulbright & Jaworski, LLP**  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Baylor College of Medicine

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Houston, Texas

(See Attachment)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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- ☒ Publication Fee
- ☒ Advance Order - # of Copies 5

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*Melissa L. Sistrunk* *Apr. 26, 2004*  
 (Authorized Signature) (Date)

Melissa L. Sistrunk April 26, 2004

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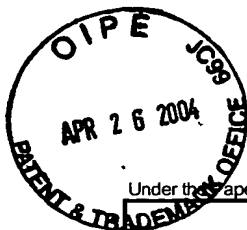
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PTO/SB/21 (08-03)  
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/863,049
		Filing Date	May 22, 2001
		First Named Inventor	Sue J. Kenwrick
		Art Unit	1632
		Examiner Name	Wehbe, A.M.S.
Total Number of Pages in This Submission	3	Attorney Docket Number	HO-P01961US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Part B - Fee(s) Transmittal (Issue Fee) Check in the amount of \$1,645.00 Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULBRIGHT & JAWORSKI L.L.P. Melissa L. Sistrunk
Signature	
Date	April 26, 2004

Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 509324373US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: April 26, 2004	Signature:  (Monica L. Thomas)



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